

# 2005 Southwest Regional Annual Training Conference

## Participant Registration Form

### 1. Vital Information

Name (circle one) Mr./ Ms./ Mrs./ Hon.

(As you wish it to appear on your name badge)

Title \_\_\_\_\_ Agency/Company \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Special Needs (physical, dietary, etc) \_\_\_\_\_

### 2. Registration Fees

\_\_\_\_\_ \$100 if register by June 17, 2005

\_\_\_\_\_ \$125 after June 17, 2005

\_\_\_\_\_ \$150 at the door

\_\_\_\_\_ Additional tickets to the President's Reception @ \$25 each (please include payment)

\_\_\_\_\_ Additional tickets to the Dance Party @ \$20 each (please include payment)

### Registration Information:

Your registration fee includes a daily conference notebook, admission to all sessions, **one** admission to the Presidents' reception, **one** admission to the Dance Party, breakfast and refreshment breaks daily.

### 3. Method of Payment

All registrations must be postmarked before the June 17 deadline to receive the "early registration" rate.

**Fees Due:**     \$ \_\_\_\_\_ Registration Fee  
                   include pmt \$ \_\_\_\_\_ Presidents' Reception  
                   include pmt \$ \_\_\_\_\_ Dance Party  
                                  \$ \_\_\_\_\_ **Total Due**

- ☐ Check Enclosed (payable to SWRSEA)  
☐ Presidents' Reception Payment Enclosed  
☐ Dance Party Payment Enclosed  
☐ Please INVOICE for \$  
                                  My PO# is

**No Refunds**

### 4. Professional Expertise

(Select the categories which best describe you)

#### Check One

- ☐ Federal  
☐ State

- ☐ Local  
☐ Pvt. Sector  
☐ Other

#### Check One

- ☐ Admin/Mgr/Supervisor  
☐ Judge/Master/Hearing Officer  
☐ Other Court Personnel  
☐ Attorney  
☐ Systems Person  
☐ Front Line Worker  
☐ Other

**Mail completed forms, fees and paperwork to:**

**SWRSEA**

**P. O. Box 2358**

**Little Rock AR 72203-1683**